



1670 Stieger Lake Lane  
 PO Box 36  
 Victoria, MN 55386  
 P - 952-443-4210  
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 www.ci.victoria.mn.us

# Fire System Permit

Received on: \_\_\_\_\_

Permit#: \_\_\_\_\_

## Submission Checklist

2 sets of the following:

- Hydraulic Calculations
- Shop Drawings/Cut Sheets
- Plans

### General Information

Site Address: \_\_\_\_\_ P.I.N.: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address (if different from site) \_\_\_\_\_ Email: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Contractors Lic.# \_\_\_\_\_

Contractor Address: \_\_\_\_\_ Phone: \_\_\_\_\_

WORK DESCRIPTION: \_\_\_\_\_ Valuation of work: \_\_\_\_\_

**Fire System Type:**  
(Check all that apply)

<input type="checkbox"/> <b>NFPA 13</b>	<input type="checkbox"/> <b>NFPA 13R</b>	<input type="checkbox"/> <b>NFPA 72</b>	<input type="checkbox"/> <b>Other</b> _____
<input type="checkbox"/> <b>Wet System</b>	<input type="checkbox"/> <b>Dry System</b>	<input type="checkbox"/> <b>Cooking Hood</b>	<input type="checkbox"/> <b>Spray Booth</b>

*I hereby apply for a fire system permit and I acknowledge that the information included with the application is complete and accurate; that the work will be in conformance with the ordinances of the City of Victoria and with the MN State Building Code.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fire Chief Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Comments: \_\_\_\_\_

**PLEASE GIVE A 24-HOUR NOTICE TO SCHEDULE INSPECTIONS**

To schedule an inspection call (952) 443-4210